



**APPLICATION FOR  
DEATH BENEFITS  
CIVIL SERVICE RETIREMENT SYSTEM**

Form Approved  
OMB Number 3206-0156

**Section A - Information About the Deceased**

1. Full name of deceased ( <i>Last, first, middle</i> )		2. Date of birth ( <i>Month, day, year</i> )	3. Date of death ( <i>Month, day, year</i> )
4. Legal residence at time of death ( <i>City, State</i> )		5. Social Security Number	6. CSA Number ( <i>If applicable</i> )
7. Department or agency in which last employed, including bureau or division		8. Location of last employment ( <i>City, State</i> )	9. Date of final separation ( <i>Mo, dy, yr</i> )
10a. Was the deceased applying for or receiving workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor? No Yes <input checked="" type="checkbox"/>			10b. OWCP Claim Number
11. Name of deceased's spouse at time of death			
12a. Name of deceased's spouses from all former marriages		12b. How did each marriage end? Death Divorce / Annulment	12c. Date marriage ended ( <i>Mo, dy, yr</i> )
		Death Divorce / Annulment	
		Death Divorce / Annulment	

**Section B - Information About the Applicant**

1. Full name of applicant ( <i>Last, first, middle</i> )		2. Date of birth ( <i>Month, day, year</i> )	3. Social Security Number
4a. Are you a citizen of the United States of America? Yes No <input checked="" type="checkbox"/>	4b. What country are you a citizen of?		5. Relationship to deceased
6. Are you a widow or widower of the deceased? Yes <input checked="" type="checkbox"/> Complete items 7-12 below No <input type="checkbox"/> Go to Section C			
7. Marriage performed by Clergy/Justice of the Peace Other ( <i>Explain</i> )		8. Date of marriage ( <i>Month, day, year</i> )	9. Place of marriage ( <i>City, State</i> )
10. Were you married to the deceased more than once? No Yes <input checked="" type="checkbox"/>		10a. Date of prior marriage	10b. Date marriage ended
11. Have you married since the date given in item 3, Section A? No Yes <input checked="" type="checkbox"/>		11a. Date you married	
12a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse <b>other than the one named above</b> in Section A.1? No <input checked="" type="checkbox"/> Go to Section C Yes <input type="checkbox"/> Complete items 12 b-e below			
12b. Name of deceased former spouse	12c. Date of birth ( <i>Mo, dy, yr</i> )	12d. Retirement system	12e. Claim Number

**Section C - Information About the Deceased's Dependent Children**

1. Are there any <b>unmarried</b> dependent children as defined in the instructions? Yes <input checked="" type="checkbox"/> Complete Section C No <input type="checkbox"/> Go to Section D									
a.  Name(s) of Unmarried Dependent Children ( <i>List in order of birth</i> )	b.  Date of Birth ( <i>Month, day, year</i> )	c. Age 18 or over		d. Child's relationship to deceased					e.  Social Security Number
		Student	Disabled	Child of marriage at death	Child of previous marriage	Adopted Child	Stepchild	Child born out of wedlock	
2. Is there a child of the deceased not yet born?		Yes			No				

3. Do you <i>(the applicant)</i> have responsibility for all the children in Section C.1.?		
Yes → Go to item C.4		No → Complete a-c below
a. Name and Address of Person Responsible	b. Name(s) of Children	c. Custodian's Relationship to Child
		Legal Guardian Other → Specify
		Legal Guardian Other → Specify
4. Has a legal guardian (other than any shown in C.3) been appointed for any child listed in C.1?		
Yes → Complete a-b below		No → Go to Section D
a. Name and Address of Legal Guardian	b. Name(s) of Children	

**Section D - Information About Other Heirs**

List other relatives who can inherit from the deceased as explained in the instructions.

1. Full Name of Relative	2. Complete Address	3. Relationship to Deceased

**Section E - Information About the Deceased's Estate**

1. Has an executor or administrator been appointed by the court to settle the estate of the deceased? No → Go to 3 below      Yes →	2. Full name and address of executor or administrator <i>(Street, city, state, ZIP Code)</i>
3. If an executor or administrator has not been court appointed, will one be appointed? <div style="float: right;">Yes      No</div>	

**Section F - Active Military Service**      *(Complete ONLY if deceased was a Federal employee covered under the Civil Service Retirement System at the time of death AND if you are the surviving spouse)*

1. If the deceased performed active, honorable service in the Armed Forces or other uniform service as described in the instructions, complete 1a-d below and attach a copy of the discharge certificate or other certificate of active military service *(if available)*.

a. Branch of Service	b. Serial Number	c. Dates of Active Duty		d. Last Grade or Rank
		From <i>(Mo, dy, yr)</i>	To <i>(Mo, dy, yr)</i>	

2. If any of the above listed service was performed after 12/31/56, was a deposit to the Retirement Fund made for the service? <div style="float: right;">           Yes      No → Complete and attach OPM 1519 <i>(See instructions)</i> </div>	
3. Was the deceased receiving military retired pay at the time of death? No → Go to Section G      Yes →	3.a. Do you want the military service used to compute your Civil Service annuity? No      Yes

**Section G - Certification**

I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence necessary to the settlement of this claim is withheld. I have read and understand all of the information provided in the instructions to this application.

1. Signature of applicant named in Section B. <i>(Sign in ink; do not print.)</i>	2. Mailing address	<b>WARNING:</b> Any intentional false or willfully misleading statement or response you provide in this application is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 USC 1001)
3. Telephone number <i>(including area code)</i>		
4. Date		